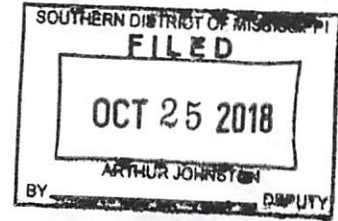


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT

Naylor 46899
 (Last Name) (Identification Number)
Marvin
 (First Name) (Middle Name)
Louderdale County Detention Facility
 (Institution)
2001 5th St., Meridian, MS 39301
 (Address)
 (Enter above the full name of the plaintiff, prisoner and address
 of plaintiff in this action)



V.

CIVIL ACTION NUMBER:

3:18cv744-TSL-RHW
 (to be completed by the Court)

Billie Sollie

 (Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
 Yes (☒) No (☐)
- B. Are you presently incarcerated?
 Yes (☒) No (☐)
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
 Yes (☐) No (☒)
- D. Are you presently incarcerated for a parole or probation violation?
 Yes (☐) No (☒)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes (☐) No (☒)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes (☐) No (☒)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Marvin D. Naylor Prisoner Number: 46899
 Address: Lauderdale County Detention Facility
2001 5th street
Meridian, MS 39301

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Billie Sollie is employed as Sheriff
at Lauderdale County Detention Facility

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Marvin D. Naylor ADDRESS: L.C.D.F., 2001 5th st. Meridian, MS 39301

DEFENDANT(S):

NAME: Billie Sollie ADDRESS: L.C.D.F., 2001 5th st. Meridian, MS 39301

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes (✓) No (✗)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: Naylor v. Sollie et al
2. Court (if federal court, name the district; if state court, name the county): U.S District Court, Southern District of Mississippi
3. Docket Number: 3:18cv102-HSO-LRA
4. Name of judge to whom case was assigned: Sul Ozerden & Linda R. Anderson
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) Case was dismissed

CASE NUMBER 2.

1. Parties to the action: _____
2. Court (if federal court, name the district; if state court, name the county): _____
3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

There is mold, Mildew, and rust in and around the
shower and toilet area.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I am seeking \$2,000,000 in relief.

Signed this 18 day of October, 20 18.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

X Morrison Taylor
Signature of plaintiff

To Whom This May Concern,

I am enclosing a sample of what the condition of my shower and toilet and floor in my cell # 142 in C-5 looks like. This is what we are living and breathing in on a daily basis. This is just a sample. I have more if you need it.

Respectfully,
X
Marvin D. Naylor